



**Nevada State Board of Podiatry**  
**Renewal Application Check List**  
(For registration November 1, 2014 through October 31, 2015)

**Check List for Podiatric Hygienist License Renewal**

1. Proof of current CPR certification
2. A check made out to the NEVADA STATE BOARD OF  
PODIATRY in the amount of \$100.00
3. Completion of the enclosed 3 page renewal application

**Mail completed renewal application information to:**

**Nevada State Board of Podiatry  
1325 Airmotive Way Suite 175-I  
Reno, Nevada 89502**

ALL RENEWALS ARE TO BE POSTMARKED NO LATER  
THAN **September 30, 2014**. The Board suggests utilizing some  
form of mailing verification to assure the postage requirement.



## **Nevada State Board of Podiatry**

1325 Airmotive Way, Suite 175-I Reno, Nevada 89502 (775)789-2605

### **Podiatric Hygienist Renewal Application**

(For registration November 1, 2014 through October 31, 2015)

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_

**Preferred mailing address:** \_\_\_\_\_

**Office Telephone Number(s):** \_\_\_\_\_

\_\_\_\_\_

**Office Fax Number(s):** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Do you wish to receive all future information, updates and renewals via e-mail?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If you select yes, you will no longer receive paper correspondence from the Board. Also note, it is your responsibility to inform the Board within 15 days should your e-mail address or other contact information change.**

**List all locations where you are employed as a podiatric hygienist:**

\_\_\_\_\_

\_\_\_\_\_

**HAS ANY OTHER STATE BOARD REVOKED, SUSPENDED, REDUCED, LIMITED, MADE PROBATIONARY OR NOT RENEWED YOUR LICENSE? \_\_\_\_\_ Yes\* \_\_\_\_\_ No**

**\*If yes, describe:**

\_\_\_\_\_

\_\_\_\_\_

# **Nevada State Board of Podiatry**

## **Renewal Application – (Page 2 of 3)**

**(For registration November 1, 2014 through October 31, 2015)**

**Any yes answers should be accompanied with appropriate details on a separate sheet of paper.**

1. Have you ever been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure?  
\_\_\_\_\_YES \_\_\_\_\_NO
2. Have you ever had a professional license of any type restricted, suspended or revoked?  
\_\_\_\_\_YES \_\_\_\_\_NO
3. Have you ever been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards?  
\_\_\_\_\_YES \_\_\_\_\_NO
4. Have you ever been denied a license or the right to take an examination for licensing by any state, province or country?  
\_\_\_\_\_YES \_\_\_\_\_NO
5. Have you ever voluntarily given up any practice privileges, restriction, certification or license to practice as a podiatric hygienist, or have you agreed to restrict your practice in lieu of or to avoid formal action?  
\_\_\_\_\_YES \_\_\_\_\_NO
6. Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances?  
\_\_\_\_\_YES \_\_\_\_\_NO
7. Have you ever been convicted of, or pled guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor or felony, excluding any violations of traffic laws resulting in fines of \$300.00 or less.  
\_\_\_\_\_YES \_\_\_\_\_NO
8. Do you have a medical condition which in any way impairs or limits your ability to practice as a podiatric hygienist with reasonable skill and safety?  
\_\_\_\_\_YES \_\_\_\_\_NO
9. Have you ever applied for a license or received a license to practice as a health professional in any classification under any name other than that on this license form?  
\_\_\_\_\_YES \_\_\_\_\_NO

# **Nevada State Board of Podiatry**

## **Renewal Application – (Page 3 of 3)**

(For registration November 1, 2014 through October 31, 2015)

PLEASE BE ADVISED THAT IT IS THE RESPONSIBILITY OF THE PODIATRIC HYGIENIST TO NOTIFY THE BOARD OF ANY CHANGES IN YOUR CURRENT ADDRESS OR ANY INFORMATION LISTED ON THIS APPLICATION WITHIN 15 DAYS.

### **CHILD SUPPORT INFORMATION**

Please mark the appropriate response. (Failure to mark one of the three will result in denial of the application)

☐ **I am not subject to a court order for the support of any children.**

☐ **\*I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or**

☐ **I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.**

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**Signature of Applicant**

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**Date**

\*Please provide supporting documentation that shows that the child support has been paid in accordance to the court order.